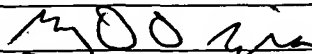


Please type a plus sign (+) inside this box → ☐Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | Attorney Docket No. <b>60,126-226</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | First Inventor <b>Michael Baumann, et al.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Title <b>TURBINE MOTOR OF A ROTARY ATOMIZER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Express Mail Label No. <b>EV318930945US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>APPLICATION ELEMENTS</b><br><br><i>See MPEP chapter 600 concerning utility patent application contents</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original and a duplicate for fee processing)</i><br>2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification [Total Pages (10)]<br><i>(preferred arrangement set forth below)</i><br>Descriptive title of the invention<br>Cross reference to related applications<br>Statement regarding Fed sponsored R & D<br>Reference to sequence listing, a table, or a<br>Computer program listing appendix<br>Background of the Invention<br>Brief Summary of the invention<br>Brief Description of the Drawings<br>Detailed description<br>Claim(s)<br>Abstract of the Disclosure<br>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets (1)]<br>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages (5)]<br>a. <input checked="" type="checkbox"/> Unexecuted (original copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63<br>(d))<br><i>(for continuation/divisional with Box 18 completed)</i><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>Named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 |           | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program ( <i>Appendix</i> )<br>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identify of above copies<br><br><b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i><br>11. <input checked="" type="checkbox"/> English Translation Document ( <i>if applicable</i> )<br>12. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS<br>(IDS)/PTO-1449 Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i><br>16. <input type="checkbox"/> Request and Certification under 35 USC 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent.<br>17. <input checked="" type="checkbox"/> Other: <u>Check for the payment of the filing fee</u> |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data sheet under 37 CFR. 76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: _____ / _____<br>Prior application information:      Examiner _____      Group Art Unit: _____<br><b>For CONTINUATION or DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19. CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | (Insert Customer No. or Attach bar code label here)<br><br><div style="text-align: center; font-size: 1.2em;">27305</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| or <input type="checkbox"/> Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State     | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Telephone | Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           | Registration No. (Attorney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Gregory D. DeGrazia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | 48,944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | July 22, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

 16235 U.S. PTO  
 10/624173  
 07/22/03

**FEE TRANSMITTAL  
for FY 2003**

Patent fees are subject to annual revision.

**Complete If Known**

|                      |                         |
|----------------------|-------------------------|
| Application Number   | Herewith                |
| Filing Date          | July 22, 2003           |
| First Named Inventor | Michael Baumann, et al. |
| Examiner Name        | Not Yet Assigned        |
| Group / Art Unit     | Not Yet Assigned        |
| Attorney Docket No.  | 60,126-226              |

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No.

08-2789

Deposit Account Name

Howard & Howard Attorneys

Charge Any Additional Fee Required

☒ Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.  
See 37 CFR 127

2. ☒ Payment Enclosed:

☒ Check

☐ Money Order

☐ Other

**FEE CALCULATION**

**1. BASIC FILING FEE**

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid    |
|--------------|----------|--------------|----------|------------------------|-------------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |             |
| 1001         | 750      | 2001         | 375      | Utility filing fee     | \$750.00    |
| 1002         | 330      | 2002         | 165      | Design filing fee      |             |
| 1003         | 520      | 2003         | 260      | Plant filing fee       |             |
| 1004         | 750      | 2004         | 375      | Reissue filing fee     |             |
| 1005         | 160      | 2005         | 80       | Provisional filing fee |             |
| SUBTOTAL (1) |          |              |          |                        | (\$ 750.00) |

**2. EXTRA CLAIM FEES**

| Total Claims       |        | Extra Claims |   | Fee from below | Fee Paid |
|--------------------|--------|--------------|---|----------------|----------|
|                    |        |              |   |                |          |
| 9                  | -20**= |              | X | \$             |          |
| 1                  | 2-3**= |              | X | \$             |          |
| Multiple Dependent |        |              |   |                |          |

\*\*or number previously paid, if greater; For Reissues, see below

| Large Entity |          | Small Entity |          | Fee Description                                            | Fee Paid |
|--------------|----------|--------------|----------|------------------------------------------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                                                            |          |
| 1202         | 18       | 2202         | 9        | Claims in excess of 20                                     |          |
| 1201         | 84       | 2201         | 42       | Independent claims in excess of 3                          |          |
| 1203         | 280      | 2203         | 140      | Multiple dependent claim, if not paid                      |          |
| 1204         | 84       | 2204         | 42       | ** Reissue independent claims over original patent         |          |
| 1205         | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent |          |
| SUBTOTAL (2) |          |              |          |                                                            | (\$ )    |

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

| Large Entity                      |          | Small Entity |          | Fee Description                                                            | Fee Paid |
|-----------------------------------|----------|--------------|----------|----------------------------------------------------------------------------|----------|
| Fee Code                          | Fee (\$) | Fee Code     | Fee (\$) |                                                                            |          |
| 1051                              | 130      | 2051         | 65       | Surcharge - late filing fee or oath                                        |          |
| 1052                              | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 1053                              | 130      | 1053         | 130      | Non-English specification                                                  |          |
| 1812                              | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |          |
| 1804                              | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805                              | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251                              | 110      | 2251         | 55       | Extension for reply within first month                                     |          |
| 1252                              | 410      | 2252         | 205      | Extension for reply within second month                                    |          |
| 1253                              | 930      | 2253         | 465      | Extension for reply within third month                                     |          |
| 1254                              | 1,450    | 2254         | 725      | Extension for reply within fourth month                                    |          |
| 1255                              | 1,970    | 2255         | 985      | Extension for reply within fifth month                                     |          |
| 1401                              | 320      | 2401         | 160      | Notice of Appeal                                                           |          |
| 1402                              | 320      | 2402         | 160      | Filing a brief in support of an appeal                                     |          |
| 1403                              | 280      | 2403         | 140      | Request for oral hearing                                                   |          |
| 1451                              | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452                              | 110      | 2452         | 55       | Petition to revive - unavoidable                                           |          |
| 1453                              | 1,300    | 2453         | 650      | Petition to revive - unintentional                                         |          |
| 1501                              | 1,300    | 2501         | 650      | Utility issue fee (or reissue)                                             |          |
| 1502                              | 470      | 2502         | 235      | Design issue fee                                                           |          |
| 1503                              | 630      | 2503         | 315      | Plant issue fee                                                            |          |
| 1460                              | 130      | 1460         | 130      | Petitions to the Commissioner                                              |          |
| 1807                              | 50       | 1807         | 50       | Petitions related to provisional applications                              |          |
| 1806                              | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021                              | 40       | 8021         | 40       | Recording each patent assignment per property (lines number of properties) |          |
| 1809                              | 750      | 2809         | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810                              | 750      | 2810         | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801                              | 750      | 2801         | 375      | Request for Continued Examination (RCE)                                    |          |
| 1802                              | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |
| Other fee (specify)               |          |              |          |                                                                            |          |
| *Reduced by Basic Filing Fee Paid |          |              |          |                                                                            |          |
| SUBTOTAL (3)                      |          |              |          |                                                                            | (\$ 0)   |

+ Typed or Printed Name: Gregory D. DeGrazia  
Registration No. (Attorney/Agent): 48,944  
Telephone: (248) 645-1483  
Signature: [Signature]  
Date: July 22, 2003

**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that the enclosed **PATENT APPLICATION** and fee are being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee", Mailing Label No. **EV318930945US** and addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on **July 22, 2003**.

  
\_\_\_\_\_  
Tracy L. Smith

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